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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

09/585,788

Filing Date

June 5, 2000

First Named Inventor

Brown

Group Art Unit

1761

Examiner Name

Tran

Attorney Docket Number

RE-001

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Carl C. Kling
Signature	Carl C. Kling
Date	August 29, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: August 29, 2001

Typed or printed name	Carl C. Kling	Date	August 29, 2001
Signature	Carl C. Kling		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO/SB/17 (11-00)

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known	
Application Number	09/583,788
Filing Date	June 5, 2000
First Named Inventor	Brown
Examiner Name	Tran
Group Art Unit	1761
Attorney Docket No.	RE-001

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **11-1257**

Deposit Account Name **Kling**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	710	201 355 Utility filing fee	
106	320	206 160 Design filing fee	
107	490	207 245 Plant filing fee	
108	710	208 355 Reissue filing fee	
114	150	214 75 Provisional filing fee	

SUBTOTAL (1) (\$)

0

2. EXTRA CLAIM FEES

Total Claims	-20** =	X	=	Extra Claims	Fee from below	Fee Paid
Independent Claims	- 3** =	X	=			
Multiple Dependent						

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	80	202 40 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	80	209 40 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

6

*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Fee Code (\$)	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath		
127	50	227 25 Surcharge - late provisional filing fee or cover sheet		
139	130	139 130 Non-English specification		
147	2,520	147 2,520 For filing a request for ex parte reexamination		
112	920*	112 920* Requesting publication of SIR prior to Examiner action		
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action		
115	110	215 55 Extension for reply within first month		
116	390	216 195 Extension for reply within second month		
117	890	217 445 Extension for reply within third month		
118	1,390	218 695 Extension for reply within fourth month		
128	1,890	228 945 Extension for reply within fifth month		
119	310	219 155 Notice of Appeal		
120	310	220 155 Filing a brief in support of an appeal		
121	270	221 135 Request for oral hearing		
138	1,510	138 1,510 Petition to institute a public use proceeding		
140	110	240 55 Petition to revive - unavoidable		
141	1,240	241 620 Petition to revive - unintentional		
142	1,240	242 620 Utility issue fee (or reissue)		
143	440	243 220 Design issue fee		
144	600	244 300 Plant issue fee		
122	130	122 130 Petitions to the Commissioner		
123	50	123 50 Processing fee under 37 CFR 1.17(q)		
126	180	126 180 Submission of Information Disclosure Stmt		
581	40	581 40 Recording each patent assignment per property (times number of properties)		
146	710	246 355 Filing a submission after final rejection (37 CFR § 1.129(a))		
149	710	249 355 For each additional invention to be examined (37 CFR § 1.129(b))		
179	710	279 355 Request for Continued Examination (RCE)		
169	900	169 900 Request for expedited examination of a design application		
Other fee (specify) _____				

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

0

SUBMITTED BY

Name (Print/Type)	Carl C. Kling	Registration No. (Attorney/Agent)	19137	Telephone	(914)525-8530
Signature	Carl C. Kling	Date	8/29/2001		

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